

ELESS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>081894824</b>	FILING DATE							
						APPLICANT(S)								
						CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1				51							
2		1		1			52							
3		①			1		53							
4		①			1		54							
5		①			1		55							
6		①			1		56							
7		①			1		57							
8		①			1		58							
9		①			1		59							
10		①			1		60							
11	1		1				61							
12		1		1			62							
13		①			1		63							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		2				TOTAL IND.							
TOTAL DEP.	1	1		1			TOTAL DEP.							
TOTAL CLAIMS	13		13				TOTAL CLAIMS							